

Minutes of the Managed Risk Medical Insurance Board's (MRMIB's)
Mental Health (MH) Liaison Workgroup Meeting
Friday, June 15, 2007

Present:

Sophie Cabrera-CDMH, Denise Callahan-Macias Consulting Group (MCG), Mel Diaz-Sutter/Yuba Counties MH, Brenda Kaplan-Blue Shield of California, Janice Milligan-HealthNet, Janet Rogers-Sutter/Yuba Counties MH, Billee Willson-Sacramento County MH

MRMIB Benefits and Quality Monitoring Division Staff:

Shelley Rouillard - Deputy Director, Ruth Jacobs - Assistant Deputy Director, and Ruben Mejia - Research Program Specialist

Via phone:

HFP Plan Representatives: Lori Baca-Health Plan of San Mateo (HPSM), Lilia Chagolla-Central Coast Alliance for Health, Gisela Gomez, Pamela Hawkins-Community Health Plan, Cathy Giovanetti, Candace Jacobsen-Ventura County Behavioral Health, Yunkyung Kim-CalOptima, Justine Kokx, Gary Melton-Inland Empire Health Plan (IEHP), Sandy Ostach-Blue Cross, Kathy Pinchetti-UHC, Lori Pucci-Pacific Care, Scott Sangsland-Kaiser, Judy Shaffer-HealthNet, Sue Smith-Blue Cross/Wellpoint, Donna Trinchera-HPSJ, Anne Watkins -Kern Health Systems, Tom Woodruff-Pacific Care Behavioral Health,

County Mental Health Representatives:

Dr. William Arroyo-CMHDA, Peggy Kelly-Lassen County MH, Dr. Don Kingdon-CMHDA, Pamela Lindeman-Ventura County, Vickie Looney-Stanislaus County MH, Steven Munson-San Mateo County, Rocio Ortega-Mendocino County, Sharon Shepard- Siskiyou County, Suzanne Tavano-CMHDA/Contra Costa,

I. Introductions:

Deputy Director Shelley Rouillard started off introductions by introducing herself as she is new to MRMIB. She gave a brief history of her work experience prior to coming to MRMIB in patient and legislative advocacy, and with a national Preferred Provider Organization.

Ruben Mejia indicated that the purpose of the meeting was to further discuss the improvement of MH services in the Healthy Families Program (HFP). The department is contracting with the Macias Consulting Group (MCG) for an evaluation of the basic MH and supplemental services.

II. Macias Consulting Group-Phase II & III Evaluation of Mental Health Services:

Denise Callahan of MCG gave an overview of the evaluation MCG will be doing for MRMIB. She advised the group of her experience, and that of her staff. She assured the plans and county representatives that MCG is open to talking about

project issues, and flexible on the scheduling of the meetings with the plans. She indicated that their reports are fact based, and based on evidence gathered. There are no opinions in their reports. Ms. Callahan outlined the project objectives and scope of the work involved. This includes gathering and analyzing data from all HFP participating plans. It was determined during the discussion that MCG did not have Blue Shield and CalOptima on their list of HFP plans. *(Upon further discussion, MRMIB and MCG added Blue Shield and CalOptima to the list.)*

The evaluation relates to the basic MH /SA benefit in HFP as well as how children are referred to appropriate MH and SA services. Eighty-percent of the study will be based on the data from the participating plans. The purpose is to look at the linkage between the Counties and HFP when the SED potentially-eligible subscriber is referred to the County. MCG will not be looking at the service provided by the Counties. They are looking at the assessment tools currently being utilized; how a plan determines a child gets referred to the County, as well as how and when the County refers the child back to the plan. The focus is on what happens when it is determined that a child needs to be referred, not if it is a correct referral. The MCG said that the study is on a high level - What is happening? What should be happening? Why is there a difference? What is the impact?

Another part of the evaluation is convening five focus groups of HFP subscribers. MCG intends to have the focus groups represent subscribers (or their parents) in urban, rural, coastal, and valley regions. There may be a focus group consisting solely of teenagers. Convening of these groups will be coordinated with the counties. Currently, the five counties that will be evaluated for SED screening and assessment are San Luis Obispo, Los Angeles, Fresno, Sutter/Yuba, and the City and County of San Francisco. One of these counties may be removed and Sacramento County added due to the ease of data gathering in Sacramento. Concerns were expressed that the one rural county, Sutter/Yuba, may not be representative of the concerns of rural counties. There is also a concern about the low number of HFP subscribers in rural counties and whether MCG could get enough people to participate in the focus group. There would be no representation of Bay Area counties in the focus groups, if the City and County of San Francisco is replaced with another county. Another suggestion was to combine data from several rural counties. This raises concerns about transportation for the subscribers to get to the groups. MCG is flexible and will consider the concerns expressed. MCG and MRMIB will confer about County selection criteria.

Other concerns expressed by those present include:

- Is the data that shows which provider made the referral, the PCP or the MHP, going to be looked at?
- Is the pharmacy utilization database going to be looked at?

MCG indicated that referring-provider data would be a part of what was evaluated. There was a question whether MCG would be looking at pharmacy utilization, as this is not part of the scope of this project.

MCG will be looking cultural issues with the focus groups. When asked if the focus groups were going to be conducted in other languages, the MCG indicated that they would have interpreters for Spanish-speaking and Hmong-speaking participants. The possibility of having a focus group conducted entirely in Spanish will be discussed among MRMIB staff and MCG. MCG has a concern of the cost-effectiveness of getting 15 Spanish-speaking subscribers to participate in one focus group.

MCG believes that using County facilities adds to the credibility of the study from the subscribers' perspective.

The issue of contacting the subscribers and their families has to be worked out due to confidentiality issues. Who will advise the subscribers that MCG will be contacting them? MRMIB? The plans? The counties? The group of subscribers who will be contacted will be those who have had any MH services provided by plans, counties or both.

The MCG said the data will be gathered from the plans in one or two encounters, but they will be evaluated at different times, according to the project timeframe.

III. Other Items:

A) Mental Health Brochure – Ruben asked that everyone review the 2000 MH-SED tri-fold brochure that is sent to the parents and email comments to him so that a mock-up can be ready for the next meeting.

B) Dispute resolution – There was some discussion about what to do when a child with mental health needs and referred to the county for a possible SED diagnosis is deemed by the county as not meeting SED criteria. One suggestion is to have MRMIB send a letter of explanation. A discussion on this matter will be scheduled at a later date.

C) Screening Tools for MH treatment SED referrals –Dr. Arroyo was asked about his report on screening tools that he had done 3-6 years ago. This report will be distributed once it is located. Dr. Arroyo had identified some screening tools that a PCP might consider using so that they would be standardized. However, this could not be mandated. A list of recommended tools was provided to the Board, but no policy or requirement was implemented.

D) It was agreed then there is a need for sub workgroups. These sub workgroups could address one specific issue.

A request was made if a standardized process could be put in place when a SED-child has completed and responds to treatment at the County and is referred/released back to the plan. One of the problems may be how to get agreement between 58 Counties and the numerous plans.

Participants were asked if it would be useful to establish a workgroup. The issues surrounding pharmacy utilization have not been resolved. It is a complicated issue and there is no easy fix. Several participants expressed urgency on addressing this topic. It is at the Director level at DHS, DMH, and MRMIB. All interested parties were instructed to send Ruben an email if they were interested in participating in this smaller workgroup.

IV. New Items:

- A) HFP reports requirements to MRMIB – the report needs to be changed; need more demographic info. This item will be discussed at a later date with the plans only.
- B) Review how each plan utilizes flexing benefits – Ruben will poll the plan reps, via email prior to next workgroup meeting.
- C) Transfer of insurance coverage for SED child while child is hospitalized and 30-day limit with HFP is up – There will be an internal discussion regarding this matter.

Other suggestions–

A request was made for an updated contact list for Counties representatives and appropriate county staff. This is to be provided by CDMH. A request was also made for a list of county clinics providing mental health services.

Next meeting will be on September 21, 2007, which is the third Friday in September.